

minimize the information collection burden.

Type of Information Collection Request: Extension of a currently approved collection; *Title of Information Collection:* Clinical Laboratory Improvement Amendment (CLIA) and the Information Collection Requirements (ICRs) contained in the Supporting Regulations 42 CFR 493.1–2001; *Form No.:* HCFA–R–26 (OMB# 0938–0612); *Use:* The ICRs referenced in 42 CFR 493.1–2001 outline the requirements necessary to determine an entities compliance with CLIA. CLIA requires laboratories that perform testing on human specimens to meet performance requirements in order to be certified by HHS. HHS conducts inspections in order to determine a laboratory's compliance with the CLIA requirements. CLIA implements certificate, laboratory standards and inspection requirements; *Frequency:* As needed; *Affected Public:* Individuals or Households, Business or other for profit, Not for profit institutions, Federal Government, State, local or tribal government; *Number of Respondents:* 149,700; *Total Annual Responses:* 631,459; *Total Annual Hours:* 9,133,625.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: March 2, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA–906]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Reinstatement, without change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Health Maintenance Organizations & Competitive Medical Plans National Data Reporting Requirements and Supporting Regulations 42 CFR 417.100, .940, .126, .478, .162; *Form No.:* HCFA–906; *Use:* This form captures information which governs qualification of new Health Maintenance Organizations (HMOs) and the eligibility of Competitive Medical Plans (CMPs), employer compliance, recovery of Federal loan and loan guarantees, financial disclosure, and continuing regulation of qualified HMOs and CMPs which provide health care services to beneficiaries for a fixed fee which is paid on a periodic basis. *Frequency:* Annually, Quarterly; *Affected Public:* Federal Government, Business or other for-profit, Not-for-profit institutions, State, local or Tribal Government; *Number of Respondents:* 313; *Total Annual Responses:* 953; *Total Annual Hours:* 3,130.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, E-mail your request, including your address and phone number, to Paperwork@hcfa.gov, or call the Reports

Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: March 4, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA–265]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Reinstatement without change of a previously approved collection for which approval has expired; *Title of Information Collection:* Independent Renal Dialysis Facility Cost Report Form and Supporting Regulations 42 CFR 413.198, 413.20; *Form No.:* HCFA–265; *Use:* The Medicare Independent Renal Dialysis Facility Cost Report provides for determinations and allocation of costs to the components of the Renal Dialysis facility in order to establish a proper basis for Medicare payment.